

The W.I.N. Clinic

A Quality Program of LifeStream Behavioral Center

Provides a system of care which addresses the needs of the whole person: Mind, Body and Spirit

PROGRAM REFERRAL

Name: _____

Address: _____
Number (Apt#) Street City Zip Code

County of Residence: _____

Phone Number: () _____
Area Code

Date of Birth: _____ Social Security #: _____
Month / Date / Year

Sex: Male ☐ Female ☐ Current LifeStream Consumer: Yes ☐ No ☐

Primary Care Physician: _____
(if applicable)

Psychiatric Diagnosis: _____
(if known)

Prominent Medical Issues: _____
(if known)

Referrals are accepted by fax & telephone. Please allow up to one business day for response

Referring Agency: _____

Contact Name: _____ Contact Phone: _____

Please Note: Faxing this completed referral form helps expedite the screening and appointment process.

Phone # (352) 315-7946 (315-7WIN) Fax # (352) 365-0395

215 North 3rd Street, Leesburg, Florida / P.O. Box 491000, Leesburg, FL 34749-1000